

Name in Full

Certificate of Death

Geo M Anderson

Town

County

Died at *Principis**Cecil*

MARYLAND

Date 189 8	Month <i>Sept</i>	Day <i>12</i>	Age <i>55</i>	Y. <i>1</i>	M. <i>17</i>	D. <i></i>	Native of <i>Cecil Co</i>	Occupation <i>Druggist</i>
Male	White	Married	Widow	Divorced				
Female	Colored	Single	Widower	Number of children living <i>5</i>				

Husband of *Emma L Brown*

Father's Name <i>Allen Anderson</i>	Mother's Name <i>Esther Anderson</i>
-------------------------------------	--------------------------------------

Cause of Death	Primary <i>acute Alcoholism</i> <i>34</i>	How long sick <i>4 days</i>
Death	Immediate <i>Heart failure</i>	Accident, Suicide, Homicide

Reported by <i>J. T. Brown MD</i>
Address <i>Woodlawn Cecil Co Md</i>

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. MAR 28



Letitia Baker

Town

County

MARYLAND

Died at *North East Cecil*

Date 189*8* *Sept* *5* *Y.* *72* *M.* *7* *D.* *9* *Maryland* *Housewife*
~~Male~~ *White* ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *4*

~~Husband~~ of *John Baker*
 Wife

Father's Name Mother's Name

Cause of Death { Primary *Dysentery* *84* How long sick *2 days*
 { Immediate Accident, Suicide, Homicide

Reported by *Theo A Morrall M.D.*

Address *North East Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

William Thomas Beeks

Town

County

Died at

Specilton, Md

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

8-21

Age

Farmer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living none

Husband

of

Mary Beeks

Father's

Name

John D. Beeks

Mother's

Name

Martha A. Brookbank

Cause of

Primary

Nephritis Chronic

How long sick

3 years

Death

Immediate

Paraplegia 97

Accident, Suicide, Homicide

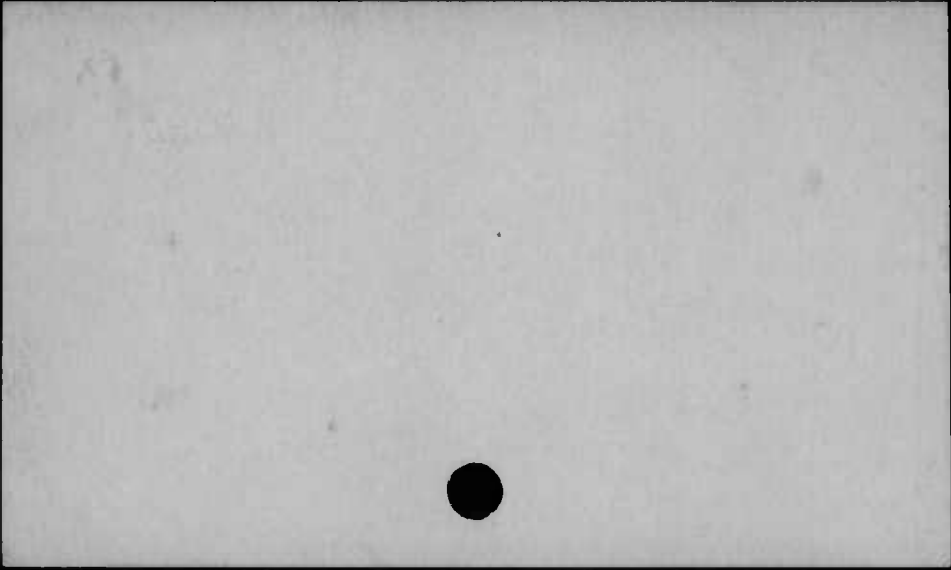
Reported by

Address

J. H. Hardcastle M. D.
Specilton Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 60669



Name in Full

Certificate of Death

Cornelius Smith Boyer

Died at ^{Town} Mt Zoar ^{County} St. Patrick & Cecil Co

MARYLAND

Date 189 ⁸ ⁹ ²⁶ Y. M. D. Age ¹⁰ Native of ^{Maryland} Occupation ^{Driftwood}

Male ~~Female~~ ~~White~~ ~~Colored~~ ~~Marrried~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living

Husband of ~~Wife~~

Father's Name ^{Edward H Boyer} Mother's Name ^{Margaret C Boyer}

Cause of Death { Primary ^{Intestinal Obstruction} Immediate ^{Exhaustion} 86 How long sick ^{10 days} Accident, Suicide, Homicide

Reported by ^{S. J. Roman}Address ^{Boonville, Maryland}

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full:

Certificate of Death

William Brunwell PhD

Town

County

Died at

Port Deposit

Cecil

MARYLAND

Date 189

8 Sept 30

Age 31

Y. M. D.

Native of

Occupation

Maryland

Male

726

White

725

Married

no

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Mother's

Name

Dr William Brunwell

Cause of

Primary

How long sick

Six weeks

Death

Immediate

Typhoid

1

Accident, Suicide, Homicide

Reported by

H P Cunningham

Address

Port Deposit Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Died at *Elkton* ^{Town} *Cecil* ^{County} **MARYLAND**
 Date 189 *8* ^{Month} *Sept* ^{Day} *9* Age *8* Y. M. D. Native of *U. S.* Occupation *—*
~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female Colored Single ~~Widower~~ Number of children living *—*

Husband
of
Wife

Father's Name *John Cameron* Mother's Name *Leona Thomas*

Cause of Death { Primary *No Doctor* How long sick *161*
 Immediate Accident, Suicide, Homicide

Reported by *W. B. Hart Undertaker*
 Address *Elkton Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Moser Childress

Died at

Eaton

County

Cecil

MARYLAND

Date 189

8

Month

Sept

Day

18

Age

Y.

M.

D.

30 (?)

Native of

Tennessee

Occupation

Laborer

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

Widower

~~Number of children living~~

Husband

of

Wife

Father's

Name

Unknown

Mother's

Name

Unknown

Cause of

Primary

Asthma - dilated heart

How long sick

About 6 weeks

Death

Immediate

Suffocation from being

Accident, Suicide, Homicide

Reported by

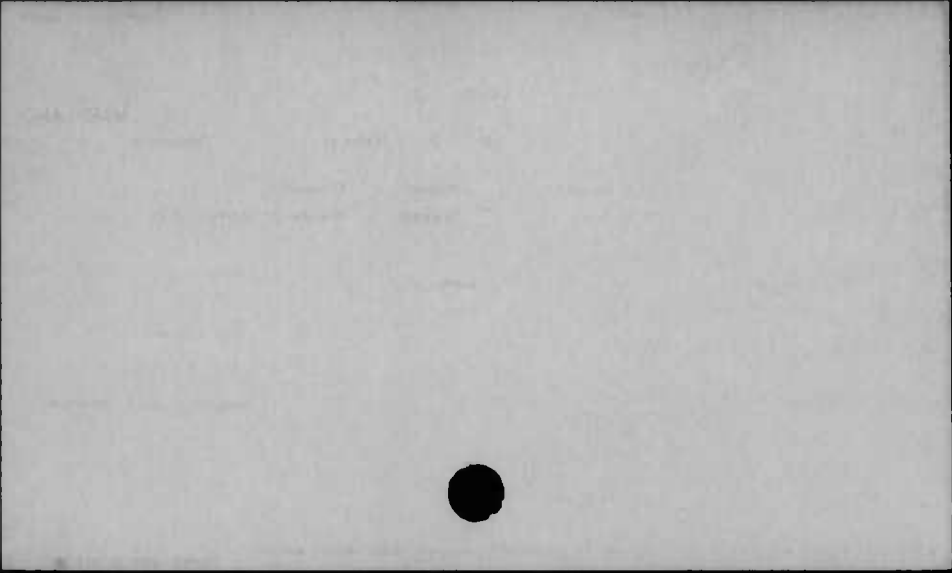
Chas. H. Ellis
a physician of town 76

Address

Glen Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 1898



Amanda Jane Christer

Town

County

MARYLAND

Died at Rowlandville

Anil

Date 1898 Sept 4 Age 15 Y. F 2 M. D. Native of Ind Occupation School girl

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~

Husband of
Wife of Jane

Father's Name Thomas H. Christer Mother's Name Amanda A. Christer

Cause of Death Primary Typhoid Fever Immediate Convulsions

How long sick about 2 1/2 weeks

~~Accident, Suicide, Homicide~~

Reported by H. E. Christer

Address Port Deposit Mary land

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Sarah E. Daniels

Town

County

Died at

Elkton

Becil

MARYLAND

Date 189 8 Sept 2 Age 11 Months of M.D. Occupation 0
~~Male~~ White ~~Married~~ Widow ~~Divorced~~
Female Colored Single Widower Number of children living 0

Husband
Wife of

Father's Name William Daniels Mother's Name Sara Daniels

Cause of

Primary

161

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

W. B. Hart Undertaker

Address

Elkton Md. Colored Cemetery

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Date 189

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

Age

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

MARYLAND

of

Name

Mother's

Name

Primary

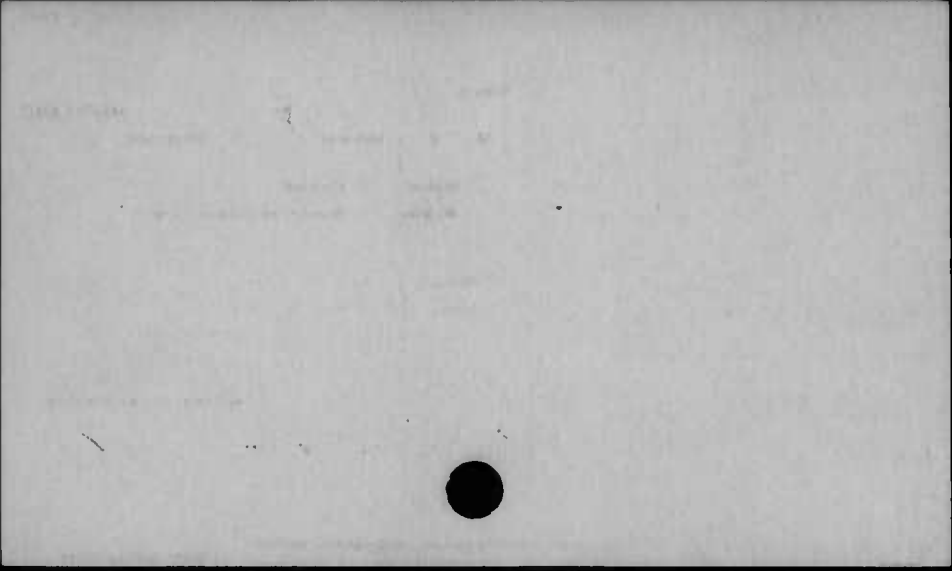
Immediate

How long sick

Accident, Suicide, Homicide

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068



Name In Full

Certificate of Death

Died at

Date 189

Male

Husband

of

Wife

Father's

Name

Cause of

Primary

Death

Immediate

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Robert Gallahan

Town

County

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

8

Sep 30

Age

1

5

-

Ma

-

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Robt S Gallahan

Mother's

Name

Mamie Hicks

Cause of

Primary

Death

Immediate

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Colds
Shock

1466

How long sick

24 hours

Accident, ~~Suicide~~, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

J S Whelaker
Cherry Hill Md



Died at Carl ^{Town} Neen ^{County} Neen Co MARYLAND

~~Head~~ of Andrew Jones

Cause of	{ Primary Immediate	General debility
Death		H. Com

Accident, Suicide, Homicide

Address h. l. m.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

Ellen S. Hall

Town

County

Died at Near Zion

Cecil

MARYLAND

Date 1898	Month	Day	Y.	M.	D.	Native of	Occupation
	Sept	14					
			Age	73			
			Male	White	Married	Widow	Divorced
			Female	Colored	Single	Widower	Number of children living

Husband
of
WifeFather's
NameMother's
Name

Cause of	Primary	Pneumonia	72	How long sick	Few days
Death	Immediate			Accident, Suicide, Homicide	

Reported by Was sent to Health B. E. Mason Undertaker

Address Office in a letter for Chrome Pa -
blanks -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85068



Name in Full

Certificate of Death

Sarah Ann Hayes

Died at *Seeds* ^{Town} *Cecil* ^{County} MARYLAND

Date 189 *8 Sept* ^{Month} *5* ^{Day} Y. *70* ^{Age} M. *—* ^{Native of} *MD.* ^{Occupation} *Housewife*
~~Male~~ ^{White} ~~Married~~ ^{Widow} ~~Divorced~~
^{Female} ~~Colored~~ ^{Single} ~~Widower~~ Number of children living *3*

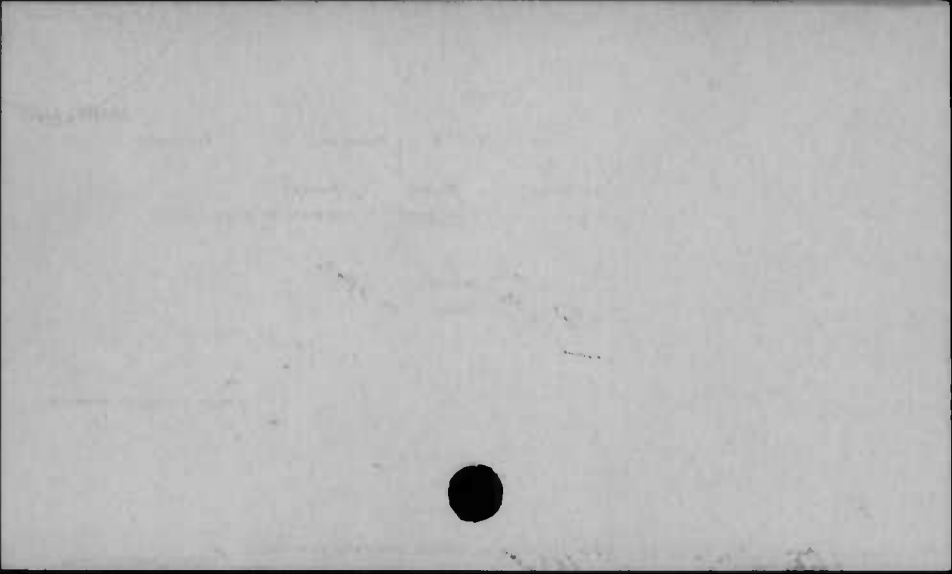
~~Husband~~ *Robert P. Hayes*
Wife *Sarah Ann Hayes*
Father's Name *Samuel Foster* Mother's Name *Mary Patta*

Cause of Death { Primary *Intestinal lymphitis - tuberculosis 24.* ^{How long sick}
Immediate *hemorrhage* *97* ^{Accident, Suicide, Homicide}

Reported by *Charles R. Miller M.D.*

Address *Exlin St*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Ella Hindman Kirk

Town

County

Died at Rising Sun - Cecil -

MARYLAND

Date 1898 9 4 27-6-10 Ind.
 Month Day Y. M. D. Native of Occupation
 Male White Married ~~Widow~~ ~~Divorced~~
 Female Colored Single Widower Number of children living 3

Husband of Lewis R. Kirk Jr.
 Wife
 Father's Name John C. Hindman Mother's Name

Cause of Death { Primary Tuberculosis 229
 Immediate

How long sick

Accident, Suicide, Homicide

Reported by C. E. Sumner M.D.

Address Rising Sun Ind.



Name in Full

Certificate of Death

Town

County

Died at

MARYLAND

Date 189 8 Sept Month 28 Day 75 Y. M. D. Age 75 Native of Germany Occupation
 Male 76 White 76 Married 76 Widow Divorced
 Female Colored Single Widower Number of children living four

Husband
of
Wife

Father's
Name

Mother's
Name

Cause of { Primary
 Death { Immediate

How long sick

2 years

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY OF THE NATIONAL ARCHIVES



Name in Full

Certificate of Death

Ellen J. Martindale

Town

County

Died at

Coburn

Cecil

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

8

9

A

Age

86

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

5'

~~Husband~~

of

Thrs. R. Martindale

Wife

Father's

Mother's

Name

Name

Cause of

Primary

Death

Immediate

161

How long sick

Accident, Suicide, Homicide

Reported by

Cecil Star (Unit East) 19-3

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full

Certificate of Death

William Miller

Town

County

MARYLAND

Died at

Mechanics Valley

Cecil

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

8

9-13

Age 65-

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

97

Cause of

Primary

Bright's disease

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Cecil Whig Eekm

10-1

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

Name in Full *Mrs. Isabelle Murray*
 Died at *Iron Hill* Town *Cecil* County *MARYLAND*

Date 189 *5* Month *9* Day *26* Y. M. D. Native of Occupation
~~Male~~ White Married ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ Widower Number of children living *Seven*

Husband of *James M. Murray*
 Wife of
 Father's Name Mother's Name

Cause of Death { Primary *Consumption* 22a How long sick
 Immediate Accident, Suicide, Homicide

Reported by *Cecil Dew.* 10-5

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.
 LIBRARY BUREAU. 18968

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Name in Full

Certificate of Death

Ida Rebecca Price

Town

County

Died at

MARYLAND

Date 1898

Month

Day

Y.

M.

D.

Native of

Occupation

9 10

Age

0-9-7

Pecilton

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living none

Husband
of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Marasmus

82

How long sick

3 months

Death

Immediate

Malnutrition

Accident, Suicide, Homicide

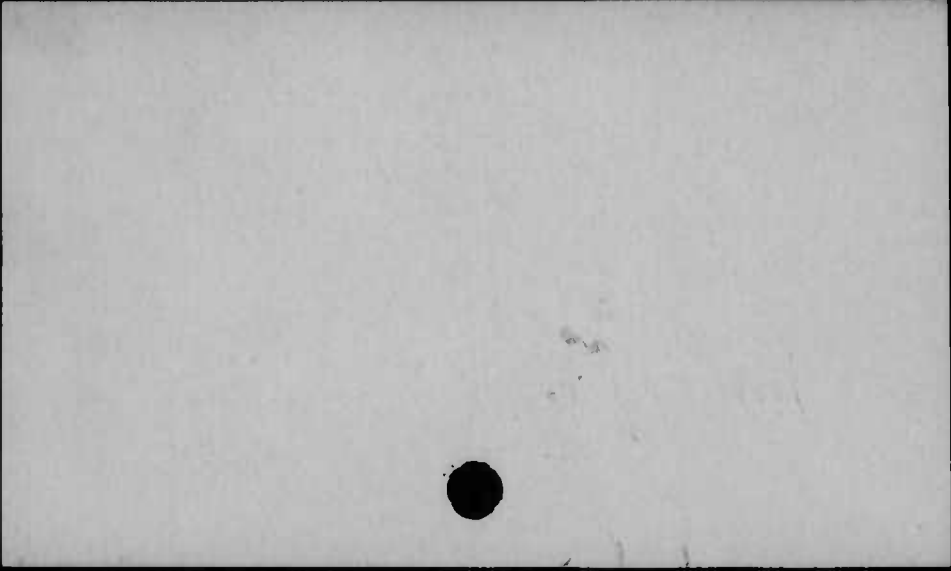
Reported by

Address

J. F. Hardcastle M.D.
Pecilton Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, WASH.



Anna Mary Riolo

Town

County

Died at

Resington

Cecil

MARYLAND

Date 1898

Month

Day

Y.

M.

D.

Native of

Occupation

8

9

Age

1, 3, 0

Cecil Co Md.

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Joseph T. Riolo

Mother's

Name

Clara V. England

Cause of

Primary

Enteric Colitis 82

How long sick

2 months

Death

Immediate

Heart Failure

~~Accident, Suicide, Homicide~~

Reported by

Address

Johnst Joneses M. D.
 Resington
 Cecil Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Rachel M Saxton

Town

County

Andover

Cecil

MARYLAND

Died at

Date 189

8

Month

Day

Sep 22

Age

Y.

M.

D.

15 2 +

Native of

Occupation

Md House for

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Cause of

Primary

Typhoid fever

Death

Immediate

Mother's

Name

Mary A Saxton

How long sick

14 days

Accident, Suicide, Homicide

Reported by

Address

S. Whitaker
Cherry Hill

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full

Certificate of Death

Louis Seddar, Jr.

Town

County

MARYLAND

Died at

Perryville

Cecil

Date 189

8 Sept. 24

Month

Day

Y.

M.

D.

Native of

Occupation

Age

1-9

Baltimore

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~~~Husband~~

of

~~Wife~~

Father's

Name

Louis Seddar, Sr.

Mother's

Name

Mary Seddar

Cause of

Primary

Cholera Infantum 82. Long time. Saw child once, only.

Death

Immediate

Progressive Cardiac Anaemia.

~~Accident, Suicide, Homicide~~

Reported by

L. S. Taylor, M.D.

Address

Perryville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66088

1911



Name in Full

Certificate of Death

Evan G. Lytman
 Cecil

MARYLAND

Died at

Town
 Jackson

County

Cecil

Date 189

Month Day
 9-29

Age 67

Y.

M.

D.

Native of

Occupation

Farmer

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living 4

Husband of

Wife

Father's

Mother's

Name

Name

57

Cause of

Primary

Heart disease

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Republican Home de Grace
 10-1

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Fredrick North Sheldon

Died at 3rd ^{Town} ~~del~~ ^{County} Cecil - MARYLAND

Date 189 8 ^{Month} Sept- ^{Day} 28 ^{Age} 1. 1. 11- ^{Native of} Delaware ^{Occupation} Infant.

Male ^{White} Married ^{Widow} Divorced
 Female ^{Colored} Single ^{Widower} Number of children living

Husband of

Wife

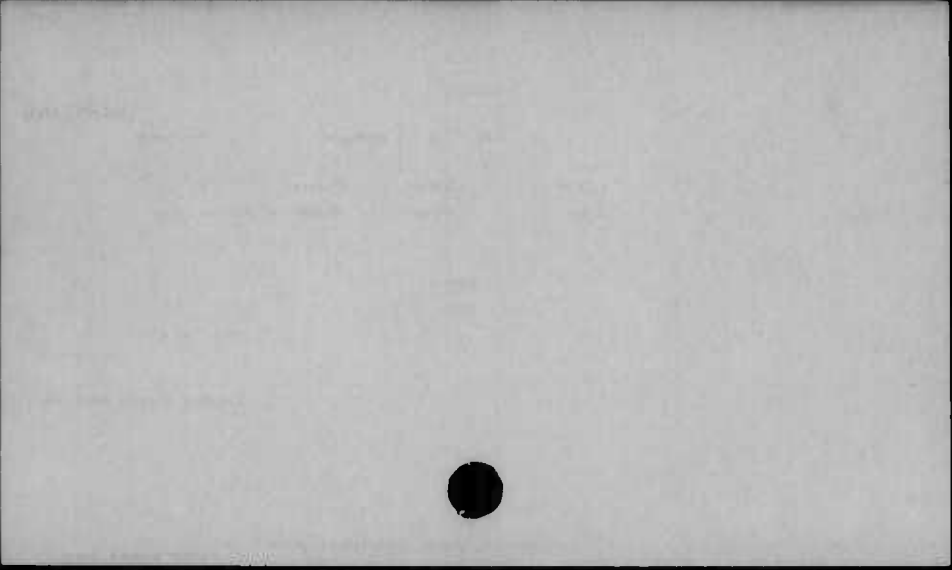
Father's Name William Sheldon

Mother's Name Laura Walton

Cause of Death { Primary Cholera Infantum 82 How long sick five days
 Immediate Collapse Accident, Suicide, Homicide

Reported by Charles H. Allen M.D.

Address Upton Md.



Name in Full

Certificate of Death

Mary A W Simpsero

Town

County

Died at

North East

Cecil

MARYLAND

Date 189 ⁸ ^{Month} ^{Day} Sept 22 Age ^{Y.} 18 ^{M.} 35 ^{D.} 0 ^{Native of} British America ^{Occupation} Housewife

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female Colored Single Widower Number of children living 1

~~Husband~~ of
 Wife

Father's

Name

Jos W. Simpsero
 Richard Boucher

Mother's

Name

22^a Boucher

Cause of

Primary

Phthisis Pulmonalis

How long sick

1 year

Death

Immediate

Et Exhaustion

Accident, Suicide, Homicide

Reported by

George S Tetterhouse M.D.

Address

North East Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full

Certificate of Death

Smith-

Town

County

Died at

Elkton

Cecil

MARYLAND

Date 1898
 Month Sept Day 29
 Age 1
 Native of Elkton Md
 Occupation
 Male ~~White~~ Married ~~Widow~~ ~~Divorced~~
 Female Colored Single ~~Widower~~ Number of children living

Husband
of
WifeFather's
Name

John Smith-

Mother's
Name

Rebecca Smith-

Cause of Death { Primary Inanition? Saw it when
 Immediate 138 & how but not afterward
 How long sick
 Accident, Suicide, Homicide

Reported by

Howard Bratten M.D.

Address

Elkton Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66969



Name in Full:

Certificate of Death

Laura Stehl

Town

County

Died at

Port Deposit

Cecil

MARYLAND

Date 189 8

Month

Day

Y.

M.

D.

Native of

Occupation

Sept-21

Age

31-11

Maryland

Housewife

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

4 5

Husband

of

Henry B. Stehl

Wife

Father's

Name

Charles Smith

Mother's

Name

Eliz. Smith

Cause of

Primary

Cancer of the uterus

How long sick

6 mo

Death

Immediate

Exhaustion

25 d.

~~Accident, Suicide, Homicide~~

Reported by

D. G. Fisher M.D.

Address

Port Deposit, Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 6596R

PCIA3

Name in Full:

Certificate of Death

Patrick W Stokes

Died at ^{Town} *Port Deposit* ^{County} *Cecil* MARYLAND

Date 189 *8* ^{Month} *Sept.* ^{Day} *26* ^{Y.} *07* ^{M.} *about* ^{D.} *Virginia* ^{Native of} *laborer* ^{Occupation}

^{Male} ~~Female~~ ^{Married} ~~Widow~~ ^{Divorced} ~~Widow~~ ^{Number of children living} *3*

Husband of *Phyllis Stokes*

Father's Name *Unknown*

Mother's Name *Unknown*

Cause of Death { ^{Primary} *Obstruction of bowel* ^{How long sick} *24 hours*

^{Immediate} *Exhaustion* *86* ~~Accident, Suicide, Homicide~~

Reported by *A. G. Fisher M.D.*

Address *Port Deposit, Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Date 189

~~Male~~

Female

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

9-6

Age

1-4

White

~~Colored~~~~Married~~

Single

~~Widow~~~~Widower~~~~Divorced~~~~Number of children living~~Mother's
Name

82

How long sick

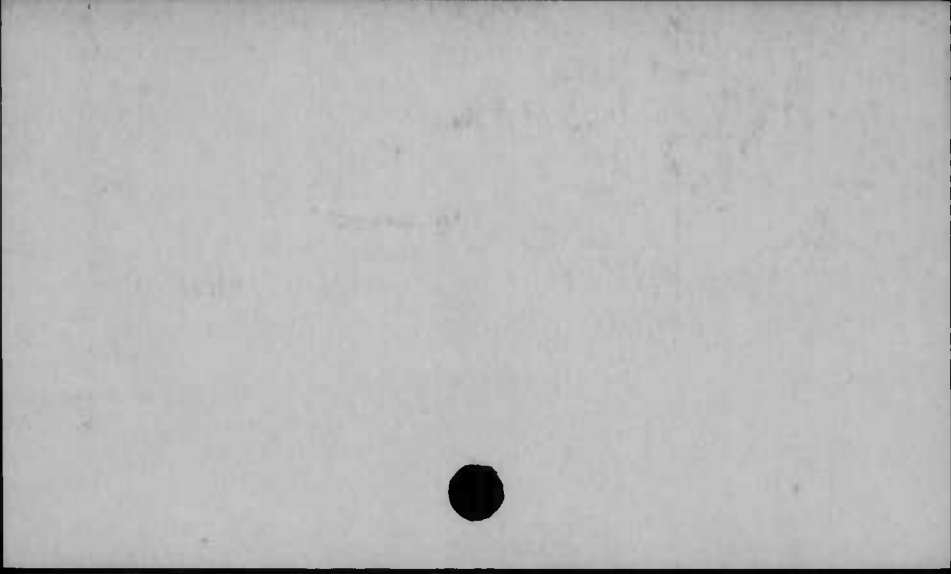
Primary

Immediate

Accident, Suicide, Homicide

P.B. Housekeeper, Ad.
North East, Md.

LIBRARY BUREAU, 65988



Name in Full

Certificate of Death

Name in Full *Mary Finch*
 Died at *Cecil* Town *Cecil* County
 Date 189*8* Month *9* Day *29* Y. *75* M. *-* D. *-* Native of *Cecil* Occupation *Servant*
~~Male~~ *White* ~~Married~~ *Widow* ~~Divorced~~
 Female *Colored* *Single* ~~Widower~~ Number of children living *3*

Husband of *Sarah Finch*
 Wife
 Father's Name *Thos. Dixon 22f* Mother's Name *Becky Dixon*
 Cause of Death { Primary *Tuberculosis Pneumonia* How long sick *6 years*
 Immediate *Gastro-enteritis (Tubercular)* ~~Accident Suicide Homicide~~
 Reported by *H. Hardcastle M. D.*
 Address *Cecil* *Cecil Co. Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85062



Name in Full

Certificate of Death

Died at

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

Male

Female

Husband

of

Wife

Father's

Name

Cause of

Primary

Death

Immediate

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Argene C. Valentino

Town

County

Andorra

Cecil

MARYLAND

8 Sep 30

Age

6

Ma

Married

Widow

Divorced

Colored

Single

Widower

Number of children living

Husband of ~~Argene C. Valentino~~Father's Name ~~Argene C. Valentino~~

Mother's

Name

Ratou Congo

Cause of Death { Primary Immediate Inflammation of bowels 7 days

How long sick

83

Accident, Suicide, Homicide

Reported by J. S. Whitaker

Address Cherry Hill Ma



Name in Full

Certificate of Death

Florence Elsie Vazey.

Died at ^{Town} 3rd Dist ^{County} Cecil MARYLAND

Date 1898 ^{Month} Sept ^{Day} 25 ^{Age} 19 ^{Y.} ^{M.} ^{D.} ^{Native of} Md ^{Occupation} Housewife

~~Male~~ ^{Female} ~~White~~ ^{Colored} ~~Married~~ ^{Single} ~~Widow~~ ^{Widower} ~~Divorced~~ ^{Number of children living} 1

~~Husband~~ of ^{Wife} George Vazey

Father's Name Hyland Marcus ^{Mother's Name}

Cause of Death { Primary Typhoid Fever 1

Immediate Exhaustion from Intensity of the poison -

How long sick 10 days

Accident, Suicide, Homicide

Reported by Howard Brallan M.D.

Address Elkton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

James Mason White

Died at Bear River Sun Co

MARYLAND

Date 1898 Sept 22
 Month Day Y. M. D. Native of
 Age 73 9 15 Pa
 Occupation Farmer
 Male White Married Widowed Divorced
 Female Colored Single Widower Number of children living

Husband
of
Wife

Father's
Name

Mother's
Name

Cause of Death {
 Primary
 Immediate

161

How long sick

Accident, Suicide, Homicide

Reported by

Address

J. Y. Burt
 Undertaker
 Bear River

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65963



Certificate of Death

Died at

Date 189

Female

Wife

Name _____

Cause of

Death

Discussion

John G. Householder
divorced

Number of children living 9

57

est. 1 year

7/22/10

Neil Co. Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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